MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01655

CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fishing Creek
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fishing Creek
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) FRANK (Last) AARON

4. DATE OF DEATH: (Month) FEB (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-18-1861

9. AGE last birthday: 90 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Shipyard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Aaron

14. MOTHER'S MAIDEN NAME: Sarah E. Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: not known

17. INFORMANT AND ADDRESS: Herbert C. Tyler: Fishing Creek

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremic Coma & Ulcer of Stomach	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Renal Vascular disease	10 years
	(c) Hematemesis	5 days

4427

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952 to Feb. 9, 1952, that I last saw the deceased alive on Feb. 9, 1952 and that death occurred at 9 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James W. Meade M.D.
ADDRESS: Fishing Creek. Md
DATE SIGNED: Feb. 11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-11-1952
NAME OF CEMETERY OR CREMATORY: Hoosier Memorial Cemetery: Fishing Creek
LOCATION (City, town, or county) (State): Md

DATE REC'D BY LOCAL REG.: Feb. 11/52
REGISTRAR'S SIGNATURE: James W. Meade
24. FUNERAL DIRECTOR / ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

RECEIVED
FEB 10 1962
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01656

Reg. Dist. No. 1 C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
LENGTH OF STAY (In this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finchville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
STREET ADDRESS (If rural, give location) Finchville

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Florence (Last) Bolden

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 16, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Pinder

14. MOTHER'S MAIDEN NAME: Ella Keene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mary Agnes Robinson, Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 10 days.

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardio Renal Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Moore Jr. M.D. Cambridge Md. 2/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: February 10, 1952 | NAME OF CEMETERY OR CREMATORY: Cokesbury Cemetery | LOCATION (City, town, or county) (State): Near Federalsburg, Md.

DATE REC'D BY LOCAL REG.: Feb 10-1952 | REGISTRAR'S SIGNATURE: Charles Hastings

24. FUNERAL DIRECTOR ADDRESS: J.J. Framptom and Son, Federalsburg, Md.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01657

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; LENGTH OF STAY since 6-13-29; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury R.F.D.; STREET ADDRESS (If rural, give location) 300 Vine Street

3. NAME OF DECEASED (Type or Print): (First) Newell (Middle) (Last) Bozman

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 5/15/05

9. AGE last birthday: 46 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bozman

14. MOTHER'S MAIDEN NAME: Laura Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Records E.S.State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary occlusion	Few Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

420 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia praecox. — 24 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace Jr. (Degree or title) M.D. ADDRESS Cambridge, Maryland. DATE SIGNED 2/9/52

Deputy Medical Examiner Dorchester County

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-11-1952 | NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery | LOCATION (City, town, or county) (State): Deals Island, Maryland

DATE REC'D BY LOCAL REG. Feb. 11, 1952 | REGISTRAR'S SIGNATURE John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR: J. G. Webster, Deals Island, Maryland ADDRESS

VS. A15A

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BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01658

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Gay Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 115 Gay Street

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) LUTHER C. BURTON
4. DATE OF DEATH: (Month) FEB (Day) 18 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	9-17-1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship-Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: General Ship Building
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Burton
14. MOTHER'S MAIDEN NAME: Mary Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-12-4113
17. INFORMANT AND ADDRESS: Mrs. Nicie Barnes: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	6 days.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease.	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11-, 1951, to 2-18-, 1952, that I last saw the deceased alive on 2-12-, 1952 and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter B. Butler. M.D. 9 Race St. Cambridge - Md. 2-19-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-20-1952
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park:
LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REG. 2-20, 1952
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland

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FEB 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01659

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 60 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 4 Linden Avenue

3. NAME OF DECEASED (Type or Print): (First) LULA (Middle) CONDON (Last) CANNON

4. DATE OF DEATH: (Month) February (Day) 21, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-1-1876

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge, RFD, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Condon

14. MOTHER'S MAIDEN NAME: Wilhelmina Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Robert L. Dail, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal broncho pneumonia — 1 week

903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intratrochanteric fracture left femur — 4 Mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 2, 1951

19b. MAJOR FINDINGS OF OPERATION: Intratrochanteric fracture left femur (Pinned)

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Cambridge (COUNTY) Dor. (STATE) Md.

TIME OF INJURY (Month) Oct. (Day) 1 (Year) 51 (Hour) 10a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Slipped and fell on floor.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 2-23-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-23-52
NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Feb. 26, 1952
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: Kenneth R. Thomas, Cambridge, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsburg
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) R. (Last) Corder

4. DATE OF DEATH: (Month) February (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Springfield, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Kibler

14. MOTHER'S MAIDEN NAME: Sarah Belle Hackley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: M. C. Corder, Williamsburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cebreal Hemmorhage	2/11 52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - With	/
3217	(c) Hyper tension	1943

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1943, to 2/14, 1952, that I last saw the deceased alive on 2/14, 1952, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE: W. E. Lemmon (Degree or title) M. D. ADDRESS: Federalsburg, Maryland DATE SIGNED: Feb. 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 17, 1952 | NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery | LOCATION (City, town, or county) (State): Milford, Delaware

DATE REC'D BY LOCAL REG.: Feb 16 1952 | REGISTRAR'S SIGNATURE: Chas. M. Hastings

24. FUNERAL DIRECTOR AND ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 111

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Arthur (Last) Era
4. DATE OF DEATH (Month) 2 (Day) 23 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11/27/1896
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Oyster man (own boat)
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Era
14. MOTHER'S MAIDEN NAME Mary (last name unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I 1917
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Ruth Hurst Era (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Moore Jr. (Degree or title) M.O. ADDRESS Cambridge, Md DATE SIGNED 2/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/26/52
NAME OF CEMETERY OR CREMATORY East New Market
LOCATION (City, town, or county) East New Market, Dor. (State) Md.
DATE REC'D BY LOCAL REG. 2-25-52
REGISTRAR'S SIGNATURE Elizabeth C. Smith
24. FUNERAL DIRECTOR F. B. Willoughby ADDRESS East New Market, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 60 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print): (First) William (Middle) - (Last) Gannon
4. DATE OF DEATH: (Month) February (Day) 18 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 27, 1901
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Gannon
14. MOTHER'S MAIDEN NAME: Octavia Willey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: --
17. INFORMANT AND ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic nephritis — Half a yr.

44 Sx Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignant arterial hypertension — 1 year

(c) Chronic myocarditis — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of Drug Addiction — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1952, to Feb. 13, 1952, that I last saw the deceased alive on Feb. 17, 1952, and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alfred S. Lederman M.D.
ADDRESS: E.S.S. Hospital, Cambridge, Md.
DATE SIGNED: 2-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/20/52
NAME OF CEMETERY OR CREMATORY: Allen Cemt.
LOCATION (City, town, or county): Allen (State): Md
DATE REC'D BY LOCAL REG.: 2/20/52
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR: Irvin Wilson Funeral Ann
ADDRESS: Md

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FEB 21 1952
BUREAU V. S.

01663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location) Riverside Convalescent Home

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Ada W. Gretzinger
4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 28, 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Clayton Willis
14. MOTHER'S MAIDEN NAME Elizabeth Tarr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Lee C. Vineyard--Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	one week
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	1-2 years
	(c) General Arteriosclerosis	several yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1951, to Feb. 23, 1952, that I last saw the deceased alive on Feb. 22, 1952, and that death occurred at 2 A.m., from the causes and on the date stated above.

SIGNATURE Alfred Hodgman (Degree or title) M.D. ADDRESS Cambridge, Md. Eastern Shore State Hospital DATE SIGNED 2/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 20 1952
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton

DATE REC'D BY LOCAL REG. Feb 27, 1952
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

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FEB 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Finchville
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural, give location) R.F.D

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Joseph (Last) Hollerman

4. DATE OF DEATH (Month) Feb (Day) 17 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 7/1/31

9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Army

10b. KIND OF BUSINESS OR INDUSTRY Air Force

11. BIRTHPLACE (State or foreign country) Cambridge Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Hollerman

14. MOTHER'S MAIDEN NAME Helen Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Present

16. SOCIAL SECURITY No.

17. INFORMANT George Hollerman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial injury — INTERVAL BETWEEN ONSET AND DEATH: Instant

×24.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Cervical Vertebrae — Instant

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Finchville (COUNTY) Dor. (STATE) Md.

TIME OF INJURY (Month) Feb (Day) 17 (Year) 52 (Hour) 12.05 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Thrown from auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Moore Jr. (Degree or title) M.D. Medical Examiner ADDRESS Cambridge Md DATE SIGNED 2/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 2/20/52 NAME OF CEMETERY OR CREMATORY East New Market LOCATION (City, town, or county) East New Market, Dor. (State) Md

DATE REC'D BY LOCAL REG. Feb 19 1952 REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR H B Willoughby ADDRESS East New Market

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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FEB 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01665

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hudson (Rural) — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hudson (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD3 #343	STREET ADDRESS RFD #343 (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) S.	(Last) HUBBARD	4. DATE OF DEATH	(Month) FEB	(Day) 4	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-18-1887	9. AGE last birthday 64 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Gen. Farm	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Robert N. Hubbard	14. MOTHER'S MAIDEN NAME Margaret Phillips						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Clarence Wilcox; Hudson, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	1 year +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-17, 1951, to 2-4, 1952, that I last saw the deceased alive on Feb 3, 1952, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldridge [illegible]		Cambridge Maryland	2-6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-6-1952	NAME OF CEMETERY OR CREMATORY Roland Dail Cemetery	LOCATION (City, town, or county) James (State) Maryland
DATE REC'D BY LOCAL REG. Feb. 8, 1952	REGISTRAR'S SIGNATURE John Mace Jr. M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland	ADDRESS

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01666

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 447 High Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) February (Day) 23, (Year) 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 6-15-1880

9. AGE last birthday: 71 yrs.
If under 1 year: Months 8; Days
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Johnson

14. MOTHER'S MAIDEN NAME: Sara Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. 214-07-7410

17. INFORMANT AND ADDRESS: Lavonia Byrd, Phila., Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 days

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 2-25-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-26-52
NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. 2-26-1952
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS: Herbert M. St. Clair, Jr. Cambridge, Maryland

VS. A15A

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FEB 20
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 118

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rosie (Middle) (Last) Jones
4. DATE OF DEATH (Month) February (Day) 12 (Year) 1952

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 15, 1903
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Suffolk, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Edwards
14. MOTHER'S MAIDEN NAME Rhoda Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 222-03-0164
17. INFORMANT John E. Jones, Williamsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Few Min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Moore (Degree or title) M.D. ADDRESS Cambridge, Md. DATE SIGNED 2/13/52
Deputy Medical Examiner Dorchester county.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 15, 1952
NAME OF CEMETERY OR CREMATORY Seaford Colored Cemetery
LOCATION (City, town, or county) (State) Seaford, Delaware

DATE REC'D BY LOCAL REG. Feb 15-1952
REGISTRAR'S SIGNATURE Chas. W. Hastings
24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FEB 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East New Market — LENGTH OF STAY (in this place): 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East New Market
STREET ADDRESS (If rural, give location): Main

3. NAME OF DECEASED (Type or Print): (First) Jerome (Middle) (none) (Last) Knotts
4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/17/1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Waterman, Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Deep Boat (Ret.)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Knotts
14. MOTHER'S MAIDEN NAME: dont know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Sallie Knotts (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1 month

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis — 1 yr.

(c) General Arteriosclerosis — 5 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Feb. ....., 1952, that I last saw the deceased alive on Feb. 15, 1952, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE: W C Harrison MD (Degree or title) — ADDRESS: Hurlock Md. — DATE SIGNED: 2/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/21/52 — NAME OF CEMETERY OR CREMATORY: East New Market — LOCATION (City, town, or county): East New Market, Dor. (State) Md.

DATE REC'D BY LOCAL REG.: Feb. 20, '52 — REGISTRAR'S SIGNATURE: Elizabeth C. Smith — 24. FUNERAL DIRECTOR: Ruth S. Willoughby — ADDRESS: East New Market, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 25 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) 15 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Logan

4. DATE OF DEATH: (Month) February (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 30, 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Lancaster, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Logan

14. MOTHER'S MAIDEN NAME: Alice (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
    (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Elsie M. Cornish, Hurlock, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary ARTERY DISEASE — Interval Between Onset and Death: 2 YEARS

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 JAN, 1952, to 13 FEB, 1952, that I last saw the deceased alive on 12 FEB, 1952, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE Luther E. Hurley (Degree or title) M D ADDRESS Cambridge DATE SIGNED 2nd 14 FEB 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 16, 1952 — NAME OF CEMETERY OR CREMATORY: Washington Cemetery — LOCATION (City, town, or county) (State): Near Hurlock, Maryland

DATE REC'D BY LOCAL REG. 2/21/52 — REGISTRAR'S SIGNATURE: John Mace Jr. M.D

24. FUNERAL DIRECTOR: J.J. Frampton and Son, Federalsburg, Md. ADDRESS

RECEIVED
25
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eldorado

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
STREET ADDRESS (If rural, give location) Eldorado

3. NAME OF DECEASED (Type or Print) (First) Marion (Middle) (Last) McAllister

4. DATE OF DEATH (Month) February (Day) 9 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 10, 1856
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John McAllister
14. MOTHER'S MAIDEN NAME Ellen Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS John J. McAllister, Rhodesdale, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture neck Femur — INTERVAL BETWEEN ONSET AND DEATH 10 day

908.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Fall
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Eldorado (COUNTY) Dor (STATE) Md
TIME OF INJURY (Month) Jan. (Day) (Year) 1952 (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from ....., 1940, to Feb 9, 1952, that I last saw the deceased alive on Feb 9, 1952, and that death occurred at 7:03 p.m., from the causes and on the date stated above.

SIGNATURE N B Kuhlman (Degree or title) M. D. ADDRESS Sharptown, Maryland DATE SIGNED February 11, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 11, 1952
NAME OF CEMETERY OR CREMATORY Eldorado Cemetery
LOCATION (City, town, or county) Eldorado, Maryland (State)

DATE REC'D BY LOCAL REG. Feb 11-1952
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR J.J.Framptom and Son, Federalsburg, Md. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS on road near Cambridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Madison

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) LINELL MC SHALL MITCHELL
4. DATE OF DEATH (Month) (Day) (Year) February 20, 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-16-1951
9. AGE last birthday yrs. If under 1 year Months 3 Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR [redacted]
11. BIRTHPLACE (State or foreign country) Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lloyd E. Mitchell
14. MOTHER'S MAIDEN NAME Florence Opher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Florence Mitchell, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, primary, atypical — 3 days

492x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19, 1952, to Feb 20, 1952, that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 8P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Cambridge, Md DATE SIGNED Feb 25, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-23-1952
NAME OF CEMETERY OR CREMATORY Madison Cemetery
LOCATION (City, town, or county) (State) Madison, Maryland

DATE REC'D BY LOCAL REG. Feb 26, 1952
REGISTRAR'S SIGNATURE John Mace Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS Lewis H. Bayneum, Cambridge, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU U. S.
FEB 20 1936

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsburg
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) LOLITA (Last) MOORE
4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 20-1902
9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Public Health
11. BIRTHPLACE (State or foreign country): Cambridge
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dwight Moore
14. MOTHER'S MAIDEN NAME: Bessie Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Bessie Moore - Williamsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	2 hours
204.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Massive Terminal Broncho-Pneumonia	20 hours
	(c) Myeloid Lukemia	3 years.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1948, to 2-5, 1952, that I last saw the deceased alive on Feb 5, 1952, and that death occurred at 11:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eldridge H. Hoffman — ADDRESS: Cambridge Maryland — DATE SIGNED: 2-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb 8 '52 — NAME OF CEMETERY OR CREMATORY: Dor. Memorial Park — LOCATION (City, town, or county): Cambridge — (State): Md

DATE REC'D BY LOCAL REG.: Feb. 12, 1952 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D. — 24. FUNERAL DIRECTOR: Kenneth L. Thomas — ADDRESS: Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Ewell (Last) Morgan
4. DATE OF DEATH (Month) 2 (Day) 2 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/20/1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber Ret.
10b. KIND OF BUSINESS OR INDUSTRY Own Shop
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Morgan
14. MOTHER'S MAIDEN NAME Mary Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Charles E. Morgan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Acute cardiac decompensation	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic bronchial asthma with amphysema	15 years
	(c)	Bronchiogenic Carcinoma	? 6 Mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION 1/26/52
19b. MAJOR FINDINGS OF OPERATION Bronchoscopy Carcinoma of Lungs
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/20, 1950, to 2/2, 1952, that I last saw the deceased alive on 2/, 1952 and that death occurred at 330 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) N.D. ADDRESS [signature] DATE SIGNED 2/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 2/4/1952
NAME OF CEMETERY OR CREMATORY East New Market
LOCATION (City, town, or county) East New Market Dor. (State) Md

DATE REC'D BY LOCAL REG. 2/4/52
REGISTRAR'S SIGNATURE Elizabeth C. Smith
24. FUNERAL DIRECTOR [signature] ADDRESS East New Market Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS #1 Chesapeake Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural give location) #1 Chesapeake Court

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert		Nichols	Feb	13	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	Jan. 30, 1889	63 yrs.	0	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Factory Worker	Factory	Cambridge, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Preston Warfield	Elizabeth Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	214-07-8968	Sarah Nichols, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	2½ mos.
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

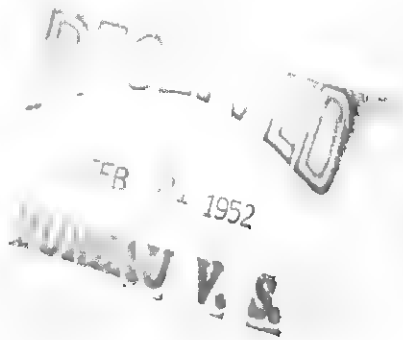
22. I hereby certify that I attended the deceased from 1/31, 1952, to 2/13, 1952, that I last saw the deceased alive on 2/13, 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE Harold M. Wilson (Degree or title) ADDRESS 224 Pine St. Cambridge, Md. DATE SIGNED 2/13/52

Harold M. Wilson, M. D.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 18, 1952	Bethel Cemetery	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/20/52	John Mace, Jr., M.D.	Herbert M. St. Clair, Jr. Cambridge, Md.


1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Dorchester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cambridge
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 206 Academy Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cambridge
STREET ADDRESS (If rural, give location): 206 Academy Street

3. NAME OF DECEASED (Type or Print): (First) ARLETTA (Middle) DUNN (Last) PRITCHETT

4. DATE OF DEATH: (Month) February (Day) 25, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-17-1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Dunn

14. MOTHER'S MAIDEN NAME: Louise Calloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Rosalie Pritchett, 141 E. Middle Gettysburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis	6 mos.
	(c) Fracture compression L. 3 vertebrae	2-18-52

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Cambridge (COUNTY): Dor. (STATE): Md.
TIME OF INJURY (Month) 2 (Day) 18 (Year) 52 (Hour) 8a m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Slipped and fell to floor.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace, Jr., M. D. (Degree or title) ADDRESS: Deputy Medical Examiner, Cambridge, Md. DATE SIGNED: 2-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-26-1952
NAME OF CEMETERY OR CREMATORY: Old Trinity Cemetery
LOCATION (City, town, or county) (State): Church Creek, Maryland

DATE REC'D BY LOCAL REG.: Feb. 28, 1952
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: LeCompte Funeral Service
ADDRESS: Cambridge, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural) — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural)
STREET ADDRESS (If rural, give location) R.F.D. #3

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) A (Last) Richardson
4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 2 1895
9. AGE last birthday: 66 yrs. If under 1 year: Months 4 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Fletcher
14. MOTHER'S MAIDEN NAME: Emma J. Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Ruth Ennells, Cambridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis — 5 yrs.
(c) Generalized Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1952, to Feb. 1, 1952, that I last saw the deceased alive on Jan. 31, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank Brown M.D. — 300 Glenburne Ave. — 2/2/52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb 6, 1952 — NAME OF CEMETERY OR CREMATORY: Beckwith — LOCATION (City, town, or county) (State): R.F.D. #3 Cambridge Md

DATE REC'D BY LOCAL REG.: Feb. 4, 1952 — REGISTRAR'S SIGNATURE: John M. Mace M.D. — 24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr. — ADDRESS: Cambridge, Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge R.D. 2 | LENGTH OF STAY (in this place) 13 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge R.D. 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mildred (Middle) (Last) Sharp
4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1/15/51
9. AGE last birthday: 1 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Cambridge, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Freddie Long
14. MOTHER'S MAIDEN NAME: Mildred Sharp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mildred Sharp, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe respiratoty infection — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

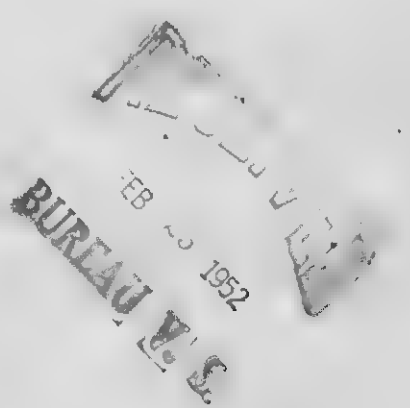
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Deputy Medical Examiner Dorchester county. DATE SIGNED 2/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-15-52 | NAME OF CEMETERY OR CREMATORY Cordtown Cemetery | LOCATION (City, town, or county) Cambridge, RFD, (State) Maryland

DATE REC'D BY LOCAL REG. 2-15-52 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Lewis H. Bayneum, ADDRESS Cambridge, Md.


FEB 20 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; LENGTH OF STAY (In this place) 11 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; STREET ADDRESS (If rural, give location) 19 High Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) LOCKWOOD (Last) SHEPHERD

4. DATE OF DEATH: (Month) February (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-1-1882

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasurer

10b. KIND OF BUSINESS OR INDUSTRY: Phillips Canning Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James S. Shepherd

14. MOTHER'S MAIDEN NAME: Elizabeth Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-8349

17. INFORMANT AND ADDRESS: Mrs. Reginald Henry, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 30 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophy of prostate gland — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-18-52

19b. MAJOR FINDINGS OF OPERATION: Hypertrophy of prostate gland

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John Mace, Jr., M. D. ADDRESS Deputy Medical Examiner, Cambridge, Md. DATE SIGNED 2-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-9-1952

NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Feb. 13, 1952

REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: LeCompte Funeral Service

ADDRESS: Cambridge, Maryland

RECEIVED
FEB 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 55 Douglas Street

3. NAME OF DECEASED (Type or Print): (First) INFANT GIRL (Middle) WARD (Last)

4. DATE OF DEATH: (Month) (Day) (Year) February 4, 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-4-1952

9. AGE last birthday: yrs. | If under 1 year: Months | Days: 11 | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Dolores Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. - - -

17. INFORMANT AND ADDRESS: Dolores Ward, 55 Douglas St., Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital atelectasis — 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity - cause unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 2-5-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-5-1952 | NAME OF CEMETERY OR CREMATORY: Bethel Cemetery | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. Feb. 6, 1952 | REGISTRAR'S SIGNATURE: John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR ADDRESS: Lewis Henry, Cedar St., Cambridge, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

'PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge RFD # 3 | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS "Perry North's Farm"

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS RFD # 3 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EARL	WESTBROOK	WEBB	FEB	28	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	11-1-1899	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Mechnic	Own Garage	Maryland	U.S.A.

13. FATHER'S NAME: William L. Webb
14. MOTHER'S MAIDEN NAME: Myrtle A. Westbrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: not known
17. INFORMANT AND ADDRESS: Mrs. Earl Webb: Cambridge RFD #3 Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	5 min.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M.D. — ADDRESS: Cambridge, Md. — DATE SIGNED: 3/1/52
Deputy Medical Examiner Dorchester Co.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-2-1952	Speddens Cemetery	James, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 1, 1952	John Mace, Jr., M.D.	LeCompte Funeral Service	Cambridge, Maryland

VS. A15A

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MAR 3 1952
BUREAU OF

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 Willis Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 410 Willis Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) ERNEST (Last) WILLEY
4. DATE OF DEATH: (Month) FEB (Day) 2 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	7-17-1868	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Fishing Indust.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah C. Willey
14. MOTHER'S MAIDEN NAME: Mary Ann Insley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Dorsey Willey: Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) METASTATIC ADENOCARCINOMA. ?

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) SOURCE - PROSTATE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1943.
19b. MAJOR FINDINGS OF OPERATION: ADENOCARCINOMA PROSTATE
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 2/1 ....., 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS CAMBRIDGE Md. DATE SIGNED 2/4/52.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-5-1952	Dorchester Memorial Park;	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 4, 1952	[signature]	LeCompte Funeral Service, Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01682

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trenton St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Trenton St.

3. NAME OF DECEASED (Type or Print) (First) MELVIN (Middle) ASHLEY (Last) WILLEY 3rd.
4. DATE OF DEATH (Month) 2 (Day) 29 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 28-1951
9. AGE last birthday yrs. If under 1 year Months 3 Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cambridge
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Melvin A. Willey Jr
14. MOTHER'S MAIDEN NAME Madeline Wingate
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Melvin Willey Jr. Trenton St. Cambridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia — 1 day

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace Jr. M.D. (Degree or title) ADDRESS Cambridge Md DATE SIGNED 3/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-2-1952
NAME OF CEMETERY OR CREMATORY Cambridge
LOCATION (City, town, or county) Cambridge Md (State)

DATE REC'D BY LOCAL REG. Mar. 3, 1952
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR Kenneth K Thomas Cambridge Md ADDRESS

20X 281212323

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 4 1952
BUREAU V. S.

01683

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Mill Street	STREET ADDRESS (If rural, give location) 115 Mill Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) GRASON (Last) WINTERBOTTOM

4. DATE OF DEATH: (Month) FEB (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 9-27-1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice President

10b. KIND OF BUSINESS OR INDUSTRY: Phillip's Canning Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison T. Winterbottom

14. MOTHER'S MAIDEN NAME: Mary Ellen Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: not known

17. INFORMANT AND ADDRESS: W. G. Winterbottom Jr.: 112 Mill Street Cambridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	6 hours
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Renal Disease	7 yrs
(260x)	(c) Acidosis due to Diabetes Mellitus	11 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12, 1943, to Feb 13, 1952, that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE: Eldridge H. Wolfson D (Degree or title) ADDRESS: Cambridge Maryland DATE SIGNED: 2-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-15-1952

NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Feb. 20, 1952

REGISTRAR'S SIGNATURE: John Mace Jr., M.D.

24. FUNERAL DIRECTOR: LeCompte Funeral Service ADDRESS: Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1952
BUREAU V. S.